



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.**

FILE NUMBER			
1. IS THIS AN AMENDMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES - If YES, please enter the file number in this box <input type="checkbox"/>			
6005			
<b>SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>			
2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name Citizens for Sparkplugs			3. Acronym or Abbreviated Name (if any) CFS PAC
4. Mailing Address <input type="checkbox"/> Check if this is a new address 5905 Meadowood Drive			5. E-mail address (Optional)
6. City Indianapolis	State IN	Zip Code 46224	7. FAX (Optional)
8. Telephone (317) 292-0969		9. Committee Organization Date (MM-DD-YY) 02/17/2010	
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. State the purpose of the committee and on which issues the committee expects to focus. Citizens supporting the public question regarding School Town of Speedway levy referendum.			
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.		14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
15. If supporting or opposing a public question, state both the subject of the question AND the committee position. Public question regarding School Town of Speedway levy referendum. SUPPORT			
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson Morris Pollard		17. E-mail address (Optional)	
18. Mailing Address <input type="checkbox"/> Check if this is a new address 5710 Hollister Drive Indianapolis IN 46224		19. Telephone (Day) (317) 291-8153	20. Telephone (Evening) (317) 291-8153
21. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer Kari Hartman		22. E-mail address (Optional) hartman139@att.net	
23. Mailing Address <input type="checkbox"/> Check if this is a new address 1845 N Auburn St Indianapolis IN 46224		24. Telephone (Day) (317) 269-1908	25. Telephone (Evening) (317) 241-6660
26. Custodian of Records' Name <input type="checkbox"/> Check if this is a new custodian Kari Hartman		27. E-mail address (Optional) hartman139@att.net	
28. Mailing Address <input type="checkbox"/> Check if this is a new address 1845 N Auburn St Indianapolis IN 46224		29. Telephone (Day) (317) 269-1908	30. Telephone (Evening) (317) 241-6660
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) National City Bank			
<b>SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>			
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Kari Hartman	Signature of the Committee Chairperson Signature Included
<b>SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>			
33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 11377 Filed: 2/22/2010 11:11:00AM <i>Elizabeth J. White</i> APR 21 2010 <b>FILED</b>
34. Typed or printed name of Treasurer Kari Hartman	Signature of Treasurer Signature Included	Date (MM-DD-YY) 02/19/2010	
<b>SECTION D. CERTIFICATION OF STATEMENT</b>			
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.			
35. Typed or printed name of Chairperson Morris Pollard	Signature of Chairperson Signature Included	Date (MM-DD-YY) 02/19/2010	
<small><b>Warning:</b> Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, and 3-9-4-18).</small>			